

State of Hawaii
Department of Health
Adult Mental Health Division
Hawaii State Hospital

Request for Proposals

RFP Number HTH 430-1 Pharmaceutical Services for Hawaii State Hospital

October 12, 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

REQUEST FOR PROPOSALS

PHARMACEUTICAL SERVICES

RFP No. HTH 430-1

The Department of Health, Adult Mental Health Division, Hawaii State Hospital Branch, is requesting proposals from qualified applicants to provide inpatient clinical pharmaceutical services for seriously mentally ill adults. The contract term will be from July 1, 2005 through June 30, 2006.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 14, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Hawaii State Hospital will conduct an orientation on November 16, 2004 from 10:00 a.m. to 12:00 noon HST, at Clinical Director's Conference Room, Building A, 45-710 Kea'ahala Road, Kaneohe, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on November 30, 2004. All written questions will receive a written response from the State on or about December 15, 2004.

Inquiries regarding this RFP should be directed to the Hawaii State Hospital Associate Administrator, Mr. William T. Elliott, 45-710 Kea'ahala Road, Kaneohe, Hawaii 96744, or may be made by telephone to (808) 236-8275, fax: (808) 247-7335, email: wtelliott@hsh.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND FIVE COPIES OF THE PROPOSAL ARE REQUIRED.

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
NO LATER THAN
January 14, 2005**

All Mail-ins

Department of Health
Administrative Services Office
P.O. Box 3378
Honolulu, Hawaii 96801-3378

DOH RFP COORDINATOR

Valerie Ako
For further info. or inquiries
Phone: 586-4550
Fax: 586-4649

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M., Hawaii Standard Time (HST) January 14, 2005.

Drop-off Sites

Oahu:

Department of Health
Administrative Services Office Room 310,
Kina'u Hale
1250 Punchbowl Street
Honolulu, Hawaii

Maui:

Department of Health
Maui District Health Office
State Office Building, 3rd Floor
54 High Street
Attn: DOH Admin. Svcs. Office

East Hawaii:

Department of Health
Hawaii District Health Office
State Office Building, Room 105
75 Aupuni Street
Attn: DOH Admin. Svcs. Office

Kauai:

Department of Health
Kauai District Health Office
Lihue Health Center
Lihue, Kauai
Attn: DOH Admin. Svcs. Office

West Hawaii:

Department of Health
Kealahakua Business Plaza
81-980 Haleki'i Street
Kealahakua, Hawaii
Attn: DOH Admin. Svcs. Office

BE ADVISED: All mail-ins postmarked by USPS after **January 14, 2005**, will be rejected.
Hand deliveries will **not** be accepted after **4:30 p.m., HST, January 14, 2005**.
Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, January 14, 2005**.

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Health/Adult Mental Health Division/Hawaii State Hospital

Department of

William T. Elliott

45-710 Keaahala Road, Kaneohe, Hawaii 96744

Phone (808) 236-8275 Fax: (808) 247-7335

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	10/12/04
Distribution of RFP	10/12/04- 01/14/05
RFP orientation session	11/16/04
Closing date for submission of written questions for written responses	11/30/04
State purchasing agency's response to applicants' written questions	12/13/04- 12/17/04
Discussions with applicant prior to proposal submittal deadline (optional)	12/27/04- 12/31/04
Proposal submittal deadline	01/14/05
Discussions with applicant after proposal submittal deadline (optional)	01/31/05- 02/04/05
Final revised proposals (optional)	02/14/05- 02/18/05
Proposal evaluation period	01/14/05- 03/18/05
Provider selection	03/31/05
Notice of statement of findings and decision	04/11/05- 04/15/04
Contract start date	07/01/05

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: November 16, 2004 **Time:** 10:00am – 12:00noon

Location: Clinical Director's Conference Room, Bldg A
45-710 Keaahala Road, Kaneohe, Hawaii 96744

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: November 30, 2004 **Time:** 4:30pm HST

State agency responses to applicant written questions will be provided by:

Date: December 13-17, 2004

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a

cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The

number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit ~~only~~ the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Ann H. Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: PO Box 3378 Honolulu, HI 96801	Mailing Address: PO Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl St. Honolulu, HI 96813	Business Address: 1250 Punchbowl St. Honolulu, HI 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

Hawaii State Hospital (HSH) is a 178-bed mental hospital operated under the jurisdiction of the Department of Health (DOH). HSH serves adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, and developmental disabilities, etc.). Almost all patients are committed by either Civil or Penal Code commitment, the latter being in the majority. There are seven (7) treatment units, one of which is an admission/acute unit. Additionally, there is an inpatient Treatment Mall, with a medication room, operated during weekdays, Monday through Friday. There are no partial hospitalization, day treatment, or outpatient services. HSH does not provide any off-site services. The majority of patients are in need of some type of drug therapy and substance abuse treatment.

A wide range of diversified pharmaceutical services is required by HSH to ensure optimal safe and effective drug treatments of HSH patients, to assure compliance with all State and Federal laws, rules and regulations, and to assist HSH in maintaining Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation and meeting Centers for Medicare & Medicaid Services (CMS) certification standards.

A wide range of pharmaceutical products must be dispensed on a timely basis by a reliable pharmacy and staff, who are experienced in the treatment of the mentally-ill and substance abuse.

B. Description of the goals of the service

To provide quality pharmaceutical services and management in order to establish and maintain standards of optimal drug therapy delivery and outcomes for the patients at HSH.

To provide accurate and timely drugs from an on-site pharmacy as requested on a Monday through Friday schedule, as well as emergency 24-hour coverage, including weekends and holidays by an on-call pharmacist.

The pharmaceutical services and products to be provided shall relieve HSH of most direct costs associated with the operation of a pharmacy department,

including but not limited to, the cost of personnel, inventory, and computerization.

C. Description of the target population to be served

Adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, developmental disabilities, etc.). at the Hawaii State Hospital.

D. Geographic coverage of service

The Contractor will maintain, operate and manage the present pharmacy located at HSH in compliance with all State and Federal laws, rules and regulations, and with all JCAHO standards. Pharmaceutical services and products will be provided to HSH patients from this on-site pharmacy.

E. Probable funding amounts, source, and period of availability

There is high probability for continued funding throughout the contracted period. HSH will make final determination as to the specific amount of the award. The source of funding is general funds.

Contractor shall bill for drugs and biologics used by HSH patients who are covered by third-party payer and those patients who are given a drug supply upon discharge. Revenue collected shall be applied and credited to HSH monthly charges.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

Throughout the contract period, the Contractor shall obtain and maintain a valid pharmacy license. At the time of proposal submittal, the applicant's pharmacist(s) shall be duly licensed to practice pharmacy in the State of Hawaii.

The Contractor shall possess a familiarity with those drugs used in the treatment of mental illness and substance abuse and have a minimum of three (3) years' experience in the provision of psychiatric pharmacy services in the State of Hawaii.

At the time of proposal submittal, applicant must meet all required qualifications and must have employees who meet all required qualifications and who are available for assignment at the Hawaii State Hospital at the

contract start date of July 1, 2005.

All pharmacy business transactions performed from the HSH pharmacy shall be institutional in nature and shall not be made available to the general public. This pharmacy is to be considered a “closed pharmacy.”

The Contractor shall comply with all JCAHO standards and pharmacy-related requirements of the Settlement Agreement with the Department of Justice. If desired, the applicant(s) shall call HSH to make arrangements to read the applicable requirements prior to proposal submittal. The Contractor shall be provided a copy of all applicable requirements at the time of contract award.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases None

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☒ Single term (\leq 2 yrs) ☐ Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract: 1 year

Length of each extension: 12 months

Number of possible extensions: 5

Maximum length of contract: 6 years

The initial period shall commence on the contract start date or Notice to Proceed whichever is later.

Conditions for extensions: Mutual agreement must be made in writing 60 days prior to expiration of the existing contract and the execution of a supplemental agreement.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Mr. William T. Elliott
Hawaii State Hospital
45-710 Kea`ahala Road
Kaneohe, HI 96744
(808) 236-8275
wtelliot@hsh.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

Clinical Pharmaceutical Services

1. The Contractor shall review the various aspects of the total drug distribution system. These reviews will be designated to monitor and safeguard all areas of the drug distribution system in order to assure safe and rational drug therapy to the patients and to determine the quality and storage of drugs used at HSH.
2. The Contractor shall make recommendations for upgrading patient care and improving the quality of life of HSH patients by providing quality clinical pharmaceutical services. The recommendations shall include drug product selection, formulary compliance, adjusting drug doses and schedules based on the monitoring of the effects of the drug therapies, and cost analysis and effectiveness of selected drug products. The recommendations shall be based upon drug utilization reviews by the clinical pharmacist, who shall monitor for drug allergies, drug interactions, contraindications for use, drug-food interactions, adverse drug reactions, dosing, polypharmacy, and other related data as required.

3. The Contractor shall provide comprehensive quality assurance programs to establish standards in order to assure optimal drug therapy and outcomes through the collection of medication usage data. The quality assurance programs shall be designed to assure that all drugs and biologicals used at HSH are controlled, accountable and in compliance with all Federal and State laws.
4. The Contractor shall actively participate in and regularly attend all pharmacy-related committees at HSH, including but not limited to, the Medication/Nutritional Functional Team, Drug Formulary Sub-Committee, psych-pharmacological rounds, and all required meetings relating to the provision of pharmaceutical services. Furthermore, the Contractor shall participate in the development and implementation of the HSH Medication Algorithm Program (HIMAP). The Contractor shall provide written reports related to pharmacy activities and monitoring to HSH bodies and committees as designated by administration and Medical Director. The Contractor shall assist in establishing policies and procedures relating to all pharmacy areas.
5. The Contractor shall assure compliance with all State and Federal laws, rules and regulations, and assist HSH in maintaining JCAHO accreditation standards and meeting CMS requirements involving all pharmacy-related areas.
6. The Contractor shall act as the drug consultant to the medical staff at HSH and provide drug-related in-services.
7. The Contractor shall perform any additional pharmacy functions as requested by HSH Administration.

Medication Dispensing System

8. The Contractor shall include in their proposal, cost for eight medication-dispensing machines (i.e. Omnicell, Pyxis, or equivalent system), which include software, hardware, and technical support. This system is to include an automated Medication Administrative Records (MAR). The Hawaii State Hospital will render the decision to include this system based on availability of funds. The Contractor will be notified of exclusion or inclusion upon notice of award. If the system is excluded, the contract will be developed excluding the eight medication-dispensing machines (i.e. Omnicell, Pyxis, or equivalent systems), which include software, hardware, and technical support associated with automated Medication Administrative Records (MAR). The Hawaii State Hospital reserves the right to remove this component of the RFP from consideration at anytime prior to entering into contractual agreement with the selected Contractor.

Pharmaceutical Products and Services

9. The Contractor shall maintain current pharmacy and pharmacists' licenses for the present pharmacy located at HSH and provide copies of the licenses to the Hawaii State Hospital, Department of Health. The Contractor shall provide full-day on-site coverage Monday through Friday between the hours of 7:45 A.M. and 5:30 P.M. or a mutually agreeable schedule to meet the needs of the HSH patients and emergency coverage by a 24-hour on-call pharmacist, including weekends and holidays. The name and phone number of the on-call pharmacist shall be provided to HSH at time of contract award.
10. The contractor shall provide and maintain sufficient pharmacy personnel to assure adequate and uninterrupted pharmaceutical services and products to HSH.
11. The Contractor shall provide and maintain a sufficient drug inventory at HSH to meet the specific needs of HSH. The Contractor is responsible for stocking and supplying all pharmaceutical products requested and approved for use by HSH. The Contractor shall comply with the HSH Drug Formulary and the policies and procedures relating to the formulary. Effectiveness, safety, and costs are factors in selecting appropriate drug inventories at HSH. A Night Cabinet of emergency drugs shall be maintained by the Contractor to handle after-hours needs.
12. The Contractor shall provide quality pharmacy computerization and computer services at HSH in order to assure quality and consistent pharmaceutical services. Computer services shall be at the Contractor's sole cost and shall include but not limited to maintaining patient drug profiles, providing clinical drug information, generating drug utilization reviews, drug invoices, providing physician order sheets, medication administration records and other pharmacy-related reports. All reports and data collected are the property of the State and shall be collected upon termination of the contract.
13. The Contractor shall have a delivery schedule available every day of the year that is capable of providing pharmaceutical products within a reasonable time frame. For "stat" and emergency orders, drugs shall be delivered within one hour of request. The Contractor shall have a 24-hour on-call pharmacist to handle after-hours needs.
14. The Contractor shall have a local management staff, which directly reports to the Administration at HSH and analyzes the pharmacy operations. All issues of conflicts and concerns relating to pharmaceutical services,

products, and billings shall be resolved at the local management staff level.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

The Contractor shall provide at a minimum two (2) full-time (FTE) pharmacists who shall be duly licensed to practice pharmacy in the State of Hawaii; and other qualified staff necessary to provide the services required by this RFP. The Contractor shall conduct background screenings on all employees assigned to HSH. Results (proof of clearance) will be made available to HSH upon start of the contract.

The Contractor shall have a 24-hour on-call pharmacist available seven days a week, including holidays, for those times that the pharmacy is not regularly open.

The Contractor shall have a management office and staff in Hawaii to supervise the pharmacy operations at HSH and report directly to the Administration at HSH.

2. Administrative

- a. Hawaii General Excise Tax License. Applicant shall submit his current Hawaii General Excise Tax I.D. number in the space provided on the Proposal Form
- b. Tax Liability. Services to be performed under this RFP is a business activity taxable under Chapter 237 Hawaii Revised Statutes (HRS) and Chapter 238 HRS as applicable. Both out-of-state vendors and Hawaii vendors are advised that the gross receipts derived from this proposal are subject to the 4% general excise tax and ½% user tax where applicable.
- c. Insurance. Applicant shall provide insurance information as requested on the Proposal Form
- d. References. Applicant shall provide on the Proposal Form at least two hospitals and/or established clinical institutions in the State of Hawaii to where pharmaceutical services similar to those requested herein, have been provided or currently being provided. The purchasing agency reserves the right to contact the references listed to inquire about the services provided by the applicant.

- e. Wage Certificate. Applicant shall complete and submit the Wage Certificate by which applicant certifies that the services required will be performed pursuant to Section 103-55 (HRS).
- f. Removal of Contractor's Employee. Applicant agrees to remove any of its employees from services rendered and to be rendered to HSH upon request in writing by the purchasing agency.
- g. Liability Insurance. The Contractor shall provide the following minimum insurance limits and coverages:

<u>Coverage</u>	<u>Limits</u>
Professional Liability	\$5,000,000 combined single limit for bodily injury and property damage.

A copy of the insurance certificate shall be provided on or before thirty (30) days after notice of award.

- h. Liquidated Damages. Liquidated damages shall be paid per day for each time the Contractor fails to perform in whole or in part any of its obligations herein. Liquidated damages are fixed at the sum of \$800 per day and may be deducted from any payments due to or become due to the Contractor.

3. Quality assurance and evaluation specifications

The Contractor shall have quality assurance programs to monitor the level of pharmaceutical services and evaluation and improvement plans for proposed services and personnel.

The Contractor shall submit a copy of their Quality Management Plan and any non-confidential documentation that demonstrates its organizational commitment to process improvement.

4. Output and performance/outcome measurements

The Contractor shall provide written documentation relating to medication event reports to the Quality Improvement department at HSH. These reports and measurements include medication dispensing errors, medication administration errors, physician prescribing errors, adverse

drug reactions, and polypharmacy incidents. The Contractor shall work with the HSH staff to insure that medication events are minimized.

5. Experience

The applicant shall have a minimum of five (5) years of experience in the provision of pharmaceutical services in Hawaii.

6. Coordination of services

The Contractor shall demonstrate capability to coordinate services with other direct-care units within the Hawaii State Hospital.

7. Reporting requirements for program and fiscal data

The Contractor shall provide an annual and as requested, written pharmacy reports to the appropriate HSH committees which analyzes all the pharmaceutical services outlined in this proposal. The annual reports shall be submitted to the HSH Administrator no later than thirty (30) days from the end of the contract period.

The Contractor shall provide a monthly billing invoice in triplicate, which includes the drugs used at HSH for the month for each patient.

The Contractor shall provide billing data for patients who are covered by third-party payers to the HSH Business Office for data collection purposes.

8. Pricing structure or pricing methodology to be used

The DOH/HSH is permitting the use of a pricing structure based on unit of service rate (based on the average number of patients).

Proposals are requested for the following categories of this proposal - Part A, Clinical Pharmaceutical Services; Part B, Medication Dispensing System; and Part C, Pharmaceutical Products and Services.

Part A: Cost to provide Clinical Pharmaceutical Services (as described in Scope of Work, A, numbers 1 through 7) at HSH. Include proposed price for the number of patient (HSH census) indicated below:

Price Per Month for:

180 patients \$_____ x 12 months = \$_____

160 patients \$_____ x 12 months = \$_____

140 patients \$_____ x 12 months = \$_____

120 patients \$_____ x 12 months = \$_____

100 patients \$_____ x 12 months = \$_____

Part B: Cost to provide a Medication-Dispensing System with automated Medication Administrative Records (MAR) (as described in Scope of Work, A, number 8):

\$ _____

Part C: Costs of Pharmaceutical Products and Services (as described in Scope of Work, A, numbers 9 through 14).

Percentage rate by which the prevailing manufacturer's published list prices (average wholesale price) of pharmaceutical products will be adjusted. The rate submitted shall be no greater than the average wholesale price (AWP).

_____ %

The following shall be completed by applicant based on the percentage rate offered in Part C and the unit price for the pharmaceuticals listed as shown on the manufacturer's most recent published list price which is to be included with the proposal submittal. The estimated cost per year that is to be calculated is for proposal evaluation purposes only.

Name of <u>Pharmaceutical</u>	Estimated <u>Quantity</u>	Unit <u>Price</u>	Discount Rate <u>Part C</u>	Adjusted Base Price <u>Per Unit</u>	Total* Est. Cost <u>Yearly</u>
A. Depakote 500 mg. Unit Dose (U.D.)	45,000	\$_____	_____ % =	\$_____	\$_____
B. Risperdal Consta 50 mg. U.D. (Injection)	2,000	\$_____	_____ % =	\$_____	\$_____
C. Zyprexa 20 mg. U.D.	14,000	\$_____	_____ % =	\$_____	\$_____

D. Clozaril 100 mg. U.D.	8,000	\$_____	____%	=	\$_____	\$_____
E. Seroquel 800 mg. U.D.	10,000	\$_____	____%	=	\$_____	\$_____
F. Geodon 160 mg. U.D.	8,000	\$_____	____%	=	\$_____	\$_____
G. Abilify 30 mg. U.D.	8,000	\$_____	____%	=	\$_____	\$_____

Estimated Cost per year for Part C (Add last column, rows A-G): \$_____

Proposal Price for 12 months for Part A: \$_____

Proposal Price for Part B: \$_____

TOTAL PROPOSAL PRICE FOR EVALUATION PURPOSES: \$_____

* Total Est. Cost Per Year = Adjusted Base Price Per Unit x Estimated Quantity.

The Proposal Price shall include all labor, required supplies, computer services, applicable taxes, delivery charges and any other costs necessary to perform the services specified herein.

The Contractor shall provide HSH an updated AWP drug list quarterly to verify monthly drug charges.

9. Units of service and unit rate

Not applicable to this RFP.

IV. Facilities

The Contractor shall operate the pharmacy at a designated location within the Hawaii State Hospital's facilities. Use of the space, utilities including telephone and communications, housekeeping services and routine facility maintenance will be provided at no cost to the Contractor.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

The applicant shall include points of contact, addresses, e-mail, and phone numbers. The state reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other direct-care units within Hawaii State Hospital.

E. Facilities

Not applicable to this RFP. Services shall be provided within HSH facility.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing and caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Proof of competencies of staff shall be maintained in accordance with JCAHO and HSH standards.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

1. Pricing structure based on Unit of Service Rate, based on the average number of patients. Proposal for Parts A, B, and C in this RFP describing and providing for the “Scope of Work” may be submitted for the cost proposal section.
2. To review the cost proposal the applicant shall submit with the Proposal Application the following budget forms:

SPO-H-205
 SPO-H-206A
 SPO-H-206B
 SPO-H-206C*
 SPO-H-206D*
 SPO-H-206E*
 SPO-H-206F*
 SPO-H-206G*

SPO-H-206H*

SPO-H-206I*

SPO-H-206J*

* These forms are to be submitted only if cost items are included in the proposed budget (Example: if you included Inter-Island Travel as a budgeted item, submit Form SPO-H-206C)

All budget forms, instructions and samples are located on the SPO website (see Proposal Application Checklist in Section 5 for website address).

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application:

- a) The applicant shall submit a cost allocation plan showing how cost is allocated across different funding sources.
- b) Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	100 Points
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	35 points
Financial	30 Points
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Wage Certificate
- Proposal Forms

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)
 - Pharmacy License
 - Pharmaceutical Manufacturer's Published Price List (most current)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

Demonstrated past experience in operating and managing pharmacies.

C. Quality Assurance and Evaluation

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

D. Coordination of Services

Demonstrated capability to coordinate services with other agencies.

E. Facilities

Not applicable to this RFP. Services shall be provided within HSH facility.

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. *Staffing*

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

B. *Project Organization*

- **Supervision and Training**: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- **Organization Chart**: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. *Service Delivery (35 Points)*

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

4. Financial (30 Points)

Pricing structure based on Unit Service Rate based on the average number of patients:

The award, if any, shall be made to the responsible applicant offering competitive and reasonable price for Parts A, B, and C of this proposal.

Part “A” – Clinical Pharmaceutical Services

Part “B” – Medication Dispensing System

Part “C” – Pharmaceutical Products and Services

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Proposal Application – Sample Table of Contents
- C. Wage Certificate
- D. Proposal Forms

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 430-1

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Wage Certificate	Section 1 & 4, RFP	Section 5, RFP	X	
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Evidence of Pharmacy License			X	
Proposal Forms			X	
Pharmaceutical Manufacturer's Published List Price			X	

Authorized Signature

Date

Attachment B

Proposal Application Sample Table of Contents

Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
A.	Necessary Skills	2
B.	Experience.....	4
C.	Quality Assurance and Evaluation.....	5
D.	Coordination of Services.....	6
E.	Facilities.....	6
III.	Project Organization and Staffing	7
A.	Staffing.....	7
1.	Proposed Staffing.....	7
2.	Staff Qualifications	9
B.	Project Organization	10
1.	Supervision and Training.....	10
2.	Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
A.	Cost Proposal SPO-H-205 Proposal Budget SPO-H-206A Budget Justification - Personnel: Salaries & Wages SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits SPO-H-206C Budget Justification - Travel: Interisland SPO-H-206E Budget Justification - Contractual Services – Administrative	
B.	Other Financial Related Materials Financial Audit for fiscal year ended June 30, 2004	
C.	Organization Chart Program Organization-wide	
D.	Performance and Output Measurement Tables Table A Table B Table C	
E.	Program Specific Requirement	

Attachment C

Wage Certificate

WAGE CERTIFICATE

(For Service Contracts)

Subject: RFP No.: _____

Title of RFP: _____

(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant _____

Signature _____

Title _____

Date _____

Attachment D

Proposal Forms

PHARMACEUTICAL SERVICES FOR

DEPARTMENT OF HEALTH

HAWAII STATE HOSPITAL

RFP NO. HTH 430-1

William T. Elliott
RFP Contact Person
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the Service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: _____

Respectfully submitted,

Telephone No.: _____

Fax No.: _____

Exact Legal Name of Applicant

Payment address, if other than
street address at right:

Authorized Signature (Original)

Title

Hawaii General Excise Tax Lic.
I.D. No.: _____

Street Address

Social Sec. or Federal I.D. No.: _____

City, State, Zip Code

If applicant shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

State of incorporation: Hawaii ☐ *Other _____

*If "other", is corporate seal available in Hawaii? ☐ Yes ☐ No

The following proposal is hereby submitted:

PART A: Cost to provide Clinical Pharmaceutical Services (as described in scope of services number 1 through 7) at HSH.

Price Per Month: \$ _____ x 12 months = \$ _____

Part B: Cost to provide a Medication-Dispensing System with automated Medication Administrative Records (MAR) (as described in Scope of Work, A, number 8):

\$ _____

Part C: Costs of Pharmaceutical Products and Services (as described in Scope of Work, A, numbers 9 through 14).

Percentage rate by which the prevailing manufacturer's published list prices (average wholesale price) of pharmaceutical products will be adjusted. The rate submitted shall be no greater than the average wholesale price (AWP).

_____ %

The following shall be completed by applicant based on the percentage rate offered in Part C and the unit price for the pharmaceuticals listed as shown on the manufacturer's most recent published list price which is to be included with the proposal submittal. The estimated cost per year that is to be calculated is for proposal evaluation purposes only.

Name of <u>Pharmaceutical</u>	Estimated <u>Quantity</u>	Unit <u>Price</u>	Discount Rate <u>Part C</u>	Adjusted Base Price <u>Per Unit</u>	Total* Est. Cost <u>Yearly</u>
A. Depakote 500 mg. Unit Dose (U.D.)	45,000	\$ _____	_____ % =	\$ _____	\$ _____
B. Risperdal Consta 50 mg. U.D. (Injection)	2,000	\$ _____	_____ % =	\$ _____	\$ _____
C. Zyprexa 20 mg. U.D.	14,000	\$ _____	_____ % =	\$ _____	\$ _____
D. Clozaril 100 mg. U.D.	8,000	\$ _____	_____ % =	\$ _____	\$ _____

E. Seroquel 800 mg. 10,000 \$_____ % = \$_____ \$_____

U.D.

F. Geodon 160 mg. 8,000 \$_____ % = \$_____ \$_____

U.D.

G. Abilify 30 mg. 8,000 \$_____ % = \$_____ \$_____

U.D.

Estimated Cost per year for Part C (Add last column, rows A-G): \$_____

Proposal Price for 12 months for Part A: \$_____

Proposal Price for Part B: \$_____

TOTAL PROPOSAL PRICE FOR EVALUATION PURPOSES: \$_____

* Total Est. Cost Per Year = Adjusted Base Price Per Unit x Estimated Quantity.

Applicant shall provide the following information:

INSURANCE COVERAGE:

Pharmacy Professional Liability: _____
Underwriter

Name of Agent: _____

Telephone: _____

E-Mail: _____

REFERENCES:

<u>Name of Hospital/ Clinical Institution</u>	<u>Contact Person</u>	<u>Phone No.</u>	<u>E-Mail Address</u>
_____	_____	_____	_____
_____	_____	_____	_____

Pharmacist (s)

(1) Name: _____

Years of Experience _____

License No. _____

(2) Name: _____

Years of Experience _____

License No. _____

Applicant _____